



CITIZENS BANK

NEW ACCOUNT INFORMATION

ACCOUNT TYPE INFORMATION

ACCOUNT TYPE: Personal Domestic Foreign Corporate

Account#: _____ Account Type: _____

Name (1): _____

Address: _____

Mailing Add. _____

Telephone No: _____ Fax No: _____

Date of Birth: ____/____/____ Type of Identification: _____

ID No: _____ Sex: Male Female

Employer: _____ Position: _____

Address: _____

Name (2): _____

Address: _____

Mailing Add. _____

Telephone No: _____ Fax No: _____

Date of Birth: ____/____/____ Type of Identification: _____

ID No: _____ Sex: Male Female

Employer: _____ Position: _____

Address: _____

Initial Deposit: \$ _____ Source of Funds: Cash Checks Mixed

Purpose of Account: _____

Expected Activity: _____

Bank References: _____

Type of Business: Corporation Partnership Other

If Corporation: Place of Incorporation: _____ Date: _____

Nature of Business: _____

Importer/Exporter Retailer Wholesaler Other

Is the Account being referred by an existing customer? Yes No

If Yes, by whom? _____

Does this customer have an existing account with Citizens Bank: Yes No

If Yes, state account number: _____

PRINCIPAL'S INFORMATION (to be completed for businesses only)

(1)

Name : _____ Corporate Title: _____

Address: _____

Mailing Add. _____

Telephone No: _____ Fax No: _____

Date of Birth: ____/____/____ Type of Identification: _____

ID No: _____ Sex: [] Male [] Female

Employer: _____ Position: _____

Address: _____

(2)

Name : _____ Corporate Title: _____

Address: _____

Mailing Add. _____

Telephone No: _____ Fax No: _____

Date of Birth: ____/____/____ Type of Identification: _____

ID No: _____ Sex: [] Male [] Female

Employer: _____ Position: _____

Address: _____

I hereby acknowledge that I have read and understood the terms and conditions on accounts provided by Citizens Bank Guyana Inc. and agree to abide by these terms and conditions.

Signature

Date

Signature

Date

Required Services:

Account Type:	Account Code: _____
[] Regular Savings	[] Jackpot Savings
[] Excell Savings	[] Golden Grand Savings
[] Regular Chequing	[] Premium Chequing
[] Corporate Chequing	[] Cash Management Account

Cheque Order: [] Yes [] No

Print Name: [] Yes [] No **Print Address:** [] Yes [] No

Hold Mail: [] Yes [] No ATM Card: [] Yes [] No

Bill Payment: [] Yes [] No Safe Deposit Box: [] Yes [] No

Prepared By: _____

Supervisor: _____

Date : _____